



TRAVEL VOUCHER FOR

Name:				Title:			
Dept:				Date Filed:			
Destination:							
Mode of Travel:							
Date & Time Departed:							
Date & Time Returned:							
Purpose of Trip:							
Dates							
	MON	TUES	WED	THURS	FRI	SAT	SUN
Per Diem							
Lodging							
Business Phone Calls							
Mileage * total miles							
Taxi Fares							
Miscellaneous							

Travel Total

Less Advance

Reimburse Payable

Purchase Order #

Name _____

Or

City of North Little Rock

Complete for Travel Advance Request			
Travel		Total	
Lodging		Requested	
Meals (Per Diem)			
		P. O. Number	

Signature of Traveler: _____ Date: _____

Signature of Supervisor / Dept. Head: _____ Date: _____

Signature of Mayor: _____ Date: _____